SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF	22
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) 1. John Guariglia							
Mailing Address 2500 Nesconset Hwy Bldg 24 A	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Stony Brook	State Zip Code NY 11790	Transaction ID : SA11AI.27772 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Suffolk Oral Surgery Associate Receipt For:	Oral Surgeon						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) James Gustainis	Date of Receipt						
Mailing Address 600 East Marshall Street		M = M / D = D / Y = Y = Y					
Suite 106 City	State Zip Code	09 28 2015 Transaction ID : SA11AI.27773					
West Chester	PA 19380	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer	Occupation						
OMS Associates in Chester Coun	Oral Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) . Michael Hesterberg		Date of Receipt					
Mailing Address 2900 Frank Scott Pkwy W Suite 960		09 28 2015 Transaction ID: SA11Al.27775 Amount of Each Receipt this Period					
City Belleville	State Zip Code IL 62223						
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Southern Illinois OMS	Oral Surgeon						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	250.00						
SUBTOTAL of Receipts This Page (optional)	750.00						
TOTAL This Period (last page this line number	r only)						